DR.ZIAUDDIN HOSPITAL ڈاکٹر ضیاء الدین ہسپتال

HUMAN RESOURCE DEPARTMENT

GATE PASS

Name: _____ Date: _____/_____/_____

Card No: _____ Designation: _____Department: _____

Out Timing: _____ In Timing: _____ Reason: _____

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HEAD OF DEPARTMENT **SECURITY SUPERVISOR**

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